

DESIGN REVIEW COMMENTS		PROJECT:		COMMENT DATE:		COMMENT NAME:		
TYPE OF REVIEW:				ACTION DATE:		ACTION NAME:		
STATUS:			PAGE OF		CLOSURE DATE:		CLOSURE NAME:	
<input type="checkbox"/> FACILITIES OFFICE <input type="checkbox"/> OTHER				<input type="checkbox"/> ARCHITECT <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> CIVIL <input type="checkbox"/> STRUCTURAL <input type="checkbox"/> OTHER				
COMMENT NUMBER		DRAWING NUMBER OR SPEC. PARAGRAPH		COMMENTS			ACTION	